

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-2(c)



In Re:

Case No.: _____

Judge: _____

Chapter: _____

Recommended Local Form: ☐ Followed ☐ Modified

ORDER FOR ADMISSION PRO HAC VICE

The relief set forth on the following page is hereby **ORDERED**.

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DATED: 4/16/2008



Honorable Gloria M. Burns
United States Bankruptcy Court Judge

This matter having been brought before the Court on application for an Order For Admission Pro Hac Vice; and the Court having reviewed the moving papers of the applicant, out-of-state attorney, and considered this matter pursuant to Fed.R.Civ.Proc.78, D.N.J. L.Civ.R.101.1 and D.N.J. LBR 2090-1, and good cause having been shown; it is

ORDERED that _____ be permitted to appear pro hac vice; provided that pursuant to D.N.J. L.Civ. R. 101.1(4), an appearance as counsel of record shall be filed promptly by a member of the bar of this Court upon whom all notices, orders and pleadings may be served, and who shall promptly notify the out-of -state attorney of their receipt. Only an attorney at law of this Court may file papers, enter appearances for parties, sign stipulations, or sign and receive payments on judgments, decrees or orders, and it is further

ORDERED that the applicant shall arrange with the New Jersey Lawyers' Fund for Client Protection for payment of the annual fee, for this year and for any year in which the out-of -state attorney continues to represent a client in a matter pending in this Court in accordance with New Jersey Court Rule 1:28-2 and DNJ L. Civ. R. 101.1, said fee to be deposited within twenty (20) days of the date of the entry of this Order, and it is further

ORDERED that the \$150.00 fee required by D.N.J.L. Civ. R. 101(c)(3) for pro hac vice admission to the District Court for the District of New Jersey shall also be payable within twenty (20) days of entry of this Order. Payment in the form of a check must be payable to "Clerk, USDC" and forwarded to the Clerk of the United States Bankruptcy Court for the District of New Jersey at the following address, for forwarding by the Clerk to the District Court:

United States Bankruptcy Court
District of New Jersey
Martin Luther King, Jr. Federal Building
50 Walnut Street
Newark, N.J. 07102
Attention: Pro Hac Vice Admissions;

and it is further ORDERED that the applicant shall be bound by the Local Rules of the United States District Court for the District of New Jersey and the Local Rules of Bankruptcy Procedure for the District of New Jersey; and it is further

ORDERED that the Clerk shall forward a copy of this Order to the Treasurer of New Jersey Lawyers' Fund for Client Protection within 5 days of its date of entry.

CERTIFICATE OF MAILING

I HEREBY CERTIFY that I served a copy of this Order on the applicant and the Treasurer of the New Jersey Lawyers' Fund for Client Protection, Richard J. Hughes Justice Complex, P.O. Box 961, Trenton, NJ 08625-0961 on _____April 16, 2008 _____, 20____.

JAMES J. WALDRON, Clerk

rev.6/1/06,jml

PRO HAC VICE ADMISSION IN NEW JERSEY
INFORMATION TO BE SUBMITTED WITH PAYMENT

Rules 1:21-2(a), 1:20-1(b), 1:28-2, 1:28B-1(e)

Please submit one check for each attorney payable to NJ Lawyers' Fund for Client Protection
Mail to NJ Lawyers' Fund, P.O. Box 961, Trenton, NJ 08625-0961

2007 ASSESSMENT \$186.00

The fee is assessed **once per calendar year** per attorney. Attorneys admitted for additional cases within the calendar year should submit the appropriate paperwork; however, **no additional payment** is required. If a case continues into the next year, a fee for **that year** will be assessed. An attorney's appearance continues until either the matter is concluded or there is a substitution of counsel.

Pro Hac Vice Attorney:

NAME: LAST _____ FIRST _____ MIDDLE _____ TITLE _____

DATE OF BIRTH _____ MALE ☐ FEMALE ☐

JURISDICTION WHERE FIRST ADMITTED TO ANY U.S. BAR _____ YEAR ADMITTED _____

Firm Name _____ Telephone # _____

Address _____

Address _____

City _____ State _____ Zip _____ - _____

e-mail _____

Sponsoring New Jersey Attorney:

NAME: LAST _____ FIRST _____ MIDDLE _____ TITLE _____

Firm Name _____ Telephone # _____

Address _____

Address _____

City _____ State _____ Zip _____ - _____

Enclose a copy of the signed Court Order. If it is not yet available, provide an unsigned copy or the following information; send a signed copy when it becomes available.

Docket # _____ Jurisdiction _____

Judge's Name _____

Questions? Please contact the NJ Lawyers' Fund's *Pro Hac Vice* Unit at (609) 292-8009.

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